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Measurement of parent satisfaction in pediatric intensive care unit - Translation, cultural adaptation and psychometric equivalence for the French-speaking version of the EMPATHIC-65 questionnaire

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SUMMARY

Introduction: Within paediatric intensive care units (PICUs), only a few parent satisfaction instruments are validated and none are available for French-speaking parents. The aims of the study were to translate and culturally adapt the Dutch EMPATHIC-65 questionnaire into a French version and to test its psychometric equivalence.

Methods: Two French-speaking PICUs in Switzerland and France participated. The questionnaire was translated using a standardised method and parents with PICU experience were interviewed to assess clarity of the translated version. Secondly, parents of children hospitalised for at least 24 hours and who were fluent in French, were invited to complete the French translated version of the EMPATHIC-65 questionnaire. Reliability and validity measures were used to examine its psychometric equivalence.

Results: The overall mean clarity agreement reached 90.2% by 17 French-speaking parents. Eight unclear items have subsequently been reworded. One hundred seventy-two parents completed the French version questionnaire. Reliability and convergent validity have been confirmed by an adequate internal consistency (0.59—0.89) and convergent validity ($r=0.25—0.63$, $p < 0.01$).

Conclusion: Psychometric equivalence of the French EMPATHIC-65 questionnaire highlights the appropriateness of relying on available valid instrument to expand the availability of health instrument measure in French.

Keywords: Cultural adaptation; Family satisfaction; Patient reported outcomes measures; Paediatric intensive care unit; Translation

Implications for Clinical practice

- A valid French version of the EMPATHIC-65 questionnaire is available to evaluate parental satisfaction in pediatric intensive care unit.
- The EMPATHIC-65 questionnaire strongly links parental satisfaction with family-centered care, which is a well-established standard of care, in the promotion of mutual relationship between professionals and families.
- The validated French EMPATHIC-65 questionnaire provides a basis for benchmarking PICU quality of care based on the experiences and satisfaction provided by the French speaking parents.

Introduction

The admission of a critically ill child to a pediatric intensive care unit (PICU) does have an impact on parents and families. Many stressors specific to the context of PICU may affect physical and psychological health as well as family functioning (Shields, 2001; Shudy et al., 2006; Wasserfallen, Bossuat, Perrin, & Cotting, 2006). Family centered-care (FCC) is an approach that aims to increase the quality of care and partnership with parents in order to decrease negative health outcomes for parents and family members (Institute for Patient- and Family-centered Care, 2013; Institute of Medicine Committee on Quality of Health Care in America, 2001). FCC promotes the mutuality of shared goals, through key elements, such as shared responsibility, parent autonomy and control, negotiation and support of family (Mikkelsen & Frederiksen, 2011) and is also adapted to the specific context of PICU (Latour, van Goudoever, & Hazelzet, 2008). The evaluation of parental satisfaction with FCC in the PICU is considered today as one of the fundamental performance indicators in the evaluation of health care quality (Association nationale pour le développement de la qualité dans les hôpitaux et les cliniques, 2016; Institute for Patient- and Family-centered Care, 2016; Latour et al., 2008). Families in hospital have expectations concerning the care of their child and these expectations represent the link between their experiences and their assessment of the care provided and thus, influence their satisfaction (Dodek, Heyland, Rocker, & Cook, 2004; Wagner & Bear, 2009).

A few instruments measuring parental satisfaction are validated and appropriate for the population of parents in PICU (Latour, Hazelzet, & van der Heijden, 2005; Meert, Schim, & Briller, 2011). The Family-Centred Care Scale and the EMpowerment of PArnts in The Intensive Care (EMPATHIC-65) questionnaire were developed to fill this gap (Curley, Hunsberger, & Harris, 2013; Latour et al., 2011). The latter has been widely introduced in many countries worldwide and is becoming a reference in European countries, allowing for benchmarking. Because such a tool is not available for French-speaking parents, it was appropriate to translate and adapt the EMPATHIC-65 questionnaire in order to measure their experiences and satisfaction. Transferability and applicability are both key concepts for the use of a health measurement scale in different cultures and settings other than the original ones in which the questionnaire was developed. Therefore, particular attention is needed with the cultural relevance of the questionnaire (Streiner & Norman, 2008; Wild et al., 2005).

METHODS

Aims

The aims of this study were 1/ to translate and culturally adapt the EMPATHIC-65 questionnaire in French, and 2/ to test psychometric equivalence of the French version of the EMPATHIC-65 questionnaire.

Settings, Participants and Data Collection

Two French-speaking PICUs in Switzerland and in France participated. Both units were tertiary referral centres with similar patient population. Parents who were French native speakers or whose French was their second language and were experiencing hospitalisation of their child in PICUs for at least 24 hours were invited to participate in the translation and cultural adaptation process of the EMPATHIC-65 questionnaire in French. These parents were invited to evaluate the clarity of items of the French translated version of the EMPATHIC-65 questionnaire. For the psychometric equivalence testing of the French version of the EMPATHIC-65 questionnaire, parents (n=172) of children hospitalized for at least 24 hours and who were fluent in French (first or second language) were invited to complete the French EMPATHIC-65 questionnaire. Parents whose child had been previously hospitalized in the PICU or died in the unit were excluded from the study. Data collection occurred during 17 months in the Swiss PICU (September, 2012 to February, 2014) and 6 months in the French PICU (September, 2013 to February, 2014), as data collection could not start at the same time.

Instrument

The EMPATHIC-65 is a self-report questionnaire designed to measure parental experiences and satisfaction of PICU care provided by nurses and doctors related to five domains: information, care and cure, organization, parental participation and professional attitude. Satisfaction is rated on a 6-point Likert scale, from 0 “absolutely disagree” to 6 “fully agree”; a mean score > 5 is considered acceptable. The reliability and validity testing of the Dutch EMPATHIC-65 questionnaire revealed sound psychometric properties (Latour et al., 2011) .

Translation and cultural adaptation process

The Translation and Cultural Adaptation (TCA) group of the International Society for Pharmacoeconomics and Outcome Research (ISPOR) guideline recommends using a 10-step process (Wild et al., 2005). A modified standardized translation and cultural adaption process was used in this study (Electronic Supplementary Material 1: Modified standardized translation and cultural adaption process of the French EMPATHIC-65 questionnaire). It was modified for reasons of availability of translators, budget and time constraints. Forward translation (step 2) was performed by one professional translator only. The translator selected was accredited with recognized expertise in the field of health. In this way, Reconciliation (step 3) wasn't performed because it's justified only if more than one forward translation are realized. Back translation review (step 5) and Harmonization (step 6) were also reinforced, performing both steps with the translation team, including one independent professional translator, two researchers (project manager & key in-country person), and the instrument developer. Through a Cognitive debriefing (step 7), cultural adaptation of the French version of EMPATHIC-65 questionnaire was established with parents participation.

Data analysis

Participants of the cultural adaptation process rated clarity and wording of each item of the questionnaire. For an item to be retained without modification, the proportion of clarity response had to be $\leq 80\%$. Equivalence of psychometric properties of the French version was tested, estimating reliability and convergent validity of the questionnaire. Reliability was established through internal consistency using a Cronbach's α for each domain (information, care and cure, organization, parental participation and professional attitude). For each domain, internal consistency was considered adequate with values between 0.70 and 0.90 (Streiner & Norman, 2008). Convergent validity was established using the Spearman's Rank (nonparametric test) correlation, for assessing the relationship between each domain and four questions rating overall satisfaction considered as the gold standard in assessing satisfaction.

Ethical issues

Ethics approval for the study was obtained from the cantonal Human Research Ethics Committee in Switzerland (protocol no 293/12). Ethical approval was waived by the Review Ethics Board in the French hospital, because the study was considered as an anonymous satisfaction survey. Permission was gained from chief nurses and chief medical officers prior to commencing data collection.

RESULTS

Translation and cultural adaptation of the French EMPATHIC-65 questionnaire

Consensus between each member of the translation team was reached throughout every step of the 10-step process. Regarding to the back translation, back translation review, and harmonization (steps 4-6), the main issues were related to whether passive or active sentences and past or perfect tense should be used. Moreover, related to organizational issues, a transformation of the French version needed to be discussed by the team: The item "During the stay of our child, we had a *regular doctor/a first responsible nurse*" was adapted to "During the stay of our child, we were allocated a *referring physician/a referent nurse*". Cultural difference between France and Switzerland in the way to translate Paediatric Intensive Care Unit was noted and resulted in a version for the PICU in France named "*Réanimation pédiatrique*" and a version for the PICU in Switzerland named "*Soins intensifs de pédiatrie*".

Seventeen parents ($n=7$ in Switzerland and $n= 10$ in France), whose child was hospitalised in one of both PICUs, participated in the study, including 13 French native speakers and 4 whose French was their second language. Following the cognitive debriefing of the new translation (step 7), the overall mean clarity agreement for all items reached 90% in the whole sample, respectively 86% and 96% in the Swiss and French sample (Electronic

Supplementary Material 2: Cognitive debriefing review: Items with a proportion of clarity response $\leq 80\%$). The Swiss sample rated eight items below the cut-off 80% against only one item in the French sample. Mean agreement showed that eight unclear items needed to be reworded in agreement with the project manager, the instrument developer and a key in-country person. The use of the verb “to worsen” in two items demonstrate a low mean agreement (56.3% respectively 52.9%) and difference of agreement between both samples (Swiss sample: 33.4% and 14.3%; French sample: 70% respectively 80%). The word “compassion” also carried low clarity for parents, with a mean agreement of 70.6% and a difference in the samples (Swiss sample: 42.9%; French sample: 90%).

Characteristics of children and families

Of the 277 French version of the EMPATHIC-65 questionnaire distributed, one hundred were returned by Swiss parents (58%) and seventy two by French parents (68%). Characteristics of both samples of children and families are presented in Table 1. Length of stay of children in both PICUs had a median of 5 days (IQ=3-8). A majority of respondents were mothers (n=124, 75%), with a high proportion of native families, especially in the French sample (n=59, 92%). There were significant differences between both sample in unplanned PICU admission (Swiss sample: n=51, 52%; French sample: n=65, 92%, $p<0.001$) and surgical admission (Swiss sample: n=51, 52%; French sample: n=12, 17%, $p<0.001$).

Characteristics	Total n = 172 (100%)	Switzerland n = 100 (58%)	France n = 72 (42%)	p-Value
Age, Mdn (IQ) in months	19 (4–72)	16 (2–51)	36 (10–84)	0.011
Length of stay, Mdn (IQ) in days	5 (3–8) (n = 169)	5 (3–8) (n = 98)	5 (3–8) (n = 71)	0.512
Mothers respondent, n (%)	124 (75) (n = 165)	53 (56) (n = 94)	71 (100) (n = 71)	<0.001
Native family, n (%)	134 (78)	45 (48)	59 (92)	0.003
Unplanned PICU admission, n (%)	117 (70) (n = 168)	52 (54) (n = 97)	65 (92) (n = 71)	<0.001
Surgical admission, n (%)	63 (38) (n = 168)	51 (52) (n = 98)	12 (17) (n = 70)	<0.001
Ventilatory support, n (%)	138 (82) (n = 168)	83 (84) (n = 99)	55 (80) (n = 70)	0.542

IQ: interquartile; PICU: Paediatric Intensive Care Unit.

Psychometric equivalence of the French EMPATHIC-65 questionnaire

Internal consistency coefficient of the five domains of the French version ranged between 0.58 and 0.89. The domain of *Care & Cure* reached the highest Cronbach's α (0.89), while the domain of *Organization* reached the lowest (0.58). Results of the convergent validity demonstrated a coefficient of correlation ranged between 0.25 and 0.63 but significant at 0.01. By the five domains and by the question “Would suggest PICU to others”, coefficient of correlation ranged between 0.27 and 0.38, and by the question “Would come back again if

needed”, between 0.25 and 0.31. Correlation of the overall satisfaction with doctors ranged between 0.36 and 0.63 and between 0.36 and 0.50 with nurses (Table 2).

Table 2 Convergent validity estimates of the French satisfaction domains.

Spearman's rank correlation	Would suggest PICU to others	Would come back again if needed	Overall satisfaction with doctors	Overall satisfaction with nurses
	r_s			
<i>N</i>	166	165	164	164
Information	0.38	0.31	0.54	0.44
Care and Cure	0.36	0.30	0.63	0.50
Parental participation	0.30	0.25	0.36	0.36
Organisation	0.27	0.28	0.48	0.47
Professional attitude	0.37	0.31	0.55	0.44

Correlation is significant at 0.01 (two-tailed).

DISCUSSION

The translation and cultural adaptation was performed according to international guidelines in cooperation with the author of the EMPATHIC-65 questionnaire. Semantic, linguistic adaptations and clarity improvement of eight items in French were necessary and psychometric proprieties of the translated version were adequately evaluated.

Adopting a standardized process of translation and cultural adaptation (Wild et al., 2005) was fundamental to strengthen the process and work on a consistent methodology. Semantic and linguistic adaptations were discussed in terms of level of suitability of the type of measure with the settings' culture (Streiner & Norman, 2008). The important stage of the cognitive debriefing (step7) was guided by the preference to obtain a harmonized French single version, thus all items that reached 80% and less agreement were reworded. Results of the cognitive debriefing showed various issues of interpretability, such as jargon use (e.g. “to deteriorate” instead of “to become worse”) and reading level (e.g. “to allocate”, “compassion”) (Streiner & Norman, 2008). The need for rewording items might be explained by the higher proportion of parents whose mother-tongue was not French in the Swiss sample. Indeed parents in the Swiss sample rated eight items below 80% compared to only one item in the French sample. These changes were necessary to ensure language equivalence of translated items in comparison with those in the original version of the questionnaire (Endacott et al., 2010). We aimed to recruit a sample representative of the target users' population to make the French EMPATHIC useful for a large number of parents whose child was admitted to a PICU. To include parents whose mother-tongue was not French was relevant because they have been found to be less satisfied with medical care in the literature (Sitzia & Wood, 1998).

Tests for psychometric equivalence of the French version of the EMPATHIC-65 questionnaire showed acceptable outcomes. The lowest result of internal consistency belonged to the domain Organization ($\alpha = 0.58$). Similar result was shown in the Dutch

version ($\alpha = 0.73$) (Latour et al., 2011), supporting that the French version follows the trend of the original version. We can hypothesize that the small number of six items for this domain influences the intensity of the Cronbach's α coefficient (Streiner & Norman, 2008) and that the context (Netherlands compared to Switzerland and France) had an influence on the homogeneity of the items (Streiner & Norman, 2008). French and Dutch version ensures convergent validity through a same adequate correlation (Latour et al., 2011). In both versions, the overall satisfaction question "*If we were to find ourselves in the same situation, we would return to this PICU*" is poorly correlated to the total EMPATHIC score (Latour et al., 2011). It can suggest that it could be difficult for parents to imagine a future similar situation while they're just outside of the unit, with recent memory. Therefore, this might influence the response and, explain lower correlations estimated for this specific question, even if it is significant.

Limitations

This study has several limitations. One is the use of the forward translation (step 2) by one professional translator and not at least two as recommended (Wild et al., 2005). However, the quality of the translation was reinforced by the expertise of the accredited translator in the field of health and the research team was involved in back translation review (step 5) and harmonization (step 6), ensuring high conceptual equivalence, clarity and meaningfulness of the translated items (Wild et al., 2005). Another limitation is the psychometric equivalence tests of the French version, being limited to internal consistency and convergent validity. Further psychometric testing would be warranted to meet recommendations for development and validation of measurement instruments (Streiner & Norman, 2008). However, the original version of the EMPATHIC-65 questionnaire has demonstrated its strength as a valid quality performance indicator to measure parental satisfaction (Latour et al., 2011). Furthermore, the inclusion of non-native parents may be seen as a limitation, but it gives the opportunity to study a more representative sample of the population of parents experiencing the hospitalisation of their child in PICU. A more stable sample between Switzerland and France may be necessary to generalize the results.

Since the realisation of this study, the developers of the EMPATHIC-65 provided a shorter version (30-items), of which psychometric proprieties have been established (Latour, Duivenvoorden, Tibboel, & Hazelzet, 2013). Based on this French version of the EMPATHIC-65, a French shorter version of the 30 items was equally adapted for an intermediate pediatric care setting but has not yet been validated.

Conclusion

In conclusion, this study confirms the reliability and validity of the French EMPATHIC-65 questionnaire measuring parental satisfaction with care in PICU in relation with FCC practice. We have demonstrated how to carry out a translation and cultural adaptation

process in accordance with international recommended guidelines, with a focus on differences of understanding between parents with French as mother tongue or not. Psychometric equivalence of the French version of the EMPATHIC-65 questionnaire highlights the appropriateness of relying on a valid instrument expanding the availability of healthcare instruments in the French language (Electronic Supplementary Material 3: Swiss version of EMPATHIC-65; Electronic Supplementary Material 4: French version of EMPATHIC-65). The validated EMPATHIC-65 in French provides the opportunity for measuring parental satisfaction as part of systematic evaluation, allowing reflexions on family-centered care approaches in PICUs and contributing to quality control and benchmarking across different PICUs as EMPATHIC instruments have been introduced in many PICUs across Europe and beyond.

References

- Association nationale pour le développement de la qualité dans les hôpitaux et les cliniques. (2016). <http://www.anq.ch/index.php?L=1> [accessed 13.06.2016].
- Curley, M. A., Hunsberger, M., & Harris, S. K. (2013). Psychometric evaluation of the family-centered care scale for pediatric acute care nursing. *Nurs Res*, 62(3), 160-168. doi: 10.1097/NNR.0b013e318286d64b
- Dodek, P. M., Heyland, D. K., Rocker, G. M., & Cook, D. J. (2004). Translating family satisfaction data into quality improvement. *Critical Care Medicine*, 32(9), 1922-1927.
- Endacott, R., Benbenishty, J., & Seha, M. (2010). Preparing research instruments for use with different cultures. *Intensive and Critical Care Nursing*, 26(2), 64-68. doi: 10.1016/j.iccn.2009.12.005
- Institute for Patient- and Family-centered Care. (2013). About us. from <http://www.ipfcc.org/about/index.html>
- Institute for Patient- and Family-centered Care. (2016). <http://www.ipfcc.org/about/index.html>; [accessed 13.06.2016].
- Institute of Medicine Committee on Quality of Health Care in America. (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington (DC): National Academies Press (US). Copyright 2001 by the National Academy of Sciences. All rights reserved.
- Latour, J. M., Duivenvoorden, H. J., Tibboel, D., & Hazelzet, J. A. (2013). The shortened EMpowerment of PArents in THe Intensive Care 30 questionnaire adequately measured parent satisfaction in pediatric intensive care units. *J Clin Epidemiol*, 66(9), 1045-1050. doi: 10.1016/j.jclinepi.2013.02.010
- Latour, J. M., Hazelzet, J. A., & van der Heijden, A. J. (2005). Parent satisfaction in pediatric intensive care: a critical appraisal of the literature. *Pediatric critical care medicine*, 6(5), 578-584.
- Latour, J. M., van Goudoever, J. B., Duivenvoorden, H. J., Albers, M. J., van Dam, N. A., Dullaart, E., . . . Hazelzet, J. A. (2011). Construction and psychometric testing of the EMPATHIC questionnaire measuring parent satisfaction in the pediatric intensive care unit. *Intensive Care Medicine*, 37(2), 310-318. doi: 10.1007/s00134-010-2042-y
- Latour, J. M., van Goudoever, J. B., & Hazelzet, J. A. (2008). Parent satisfaction in the pediatric ICU. *Pediatric clinics of North America*, 55(3), 779-790, xii-xiii. doi: 10.1016/j.pcl.2008.02.013
- Meert, K. L., Schim, S. M., & Briller, S. H. (2011). Parental Bereavement Needs in the Pediatric Intensive Care Unit: Review of Available Measures. *Journal of Palliative Medicine*, 14(8), 951-964. doi: 10.1089/jpm.2010.0453

- Mikkelsen, G., & Frederiksen, K. (2011). Family-centred care of children in hospital - a concept analysis. *J Adv Nurs*, 67(5), 1152-1162.
- Shields, L. (2001). A review of the literature from developed and developing countries relating to the effects of hospitalization on children and parents. *Int Nurs Rev*, 48(1), 29-37.
- Shudy, M., de Almeida, M. L., Ly, S., Landon, C., Groft, S., Jenkins, T. L., & Nicholson, C. E. (2006). Impact of pediatric critical illness and injury on families: a systematic literature review. *Pediatrics*, 118, S203-218.
- Sitzia, J., & Wood, N. (1998). Response rate in patient satisfaction research: an analysis of 210 published studies. *Int J Qual Health Care*, 10(4), 311-317.
- Streiner, D. L., & Norman, G. R. (2008). *Health Measurement Scales : a practical guide to their development and use* (4 ed.). Oxford: Oxford University Press.
- Wagner, D., & Bear, M. (2009). Patient satisfaction with nursing care: a concept analysis within a nursing framework. *Journal Advanced Nursing*, 65(3), 692-701.
- Wasserfallen, J. B., Bossuat, C., Perrin, E., & Cotting, J. (2006). Costs borne by families of children hospitalized in a pediatric intensive care unit: a pilot study. *Swiss medical weekly*, 136(49-50), 800-804. doi: 2006/49/smw-11585
- Wild, D., Grove, A., Martin, M., Eremenco, S., McElroy, S., Verjee-Lorenz, A., & Erikson, P. (2005). Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures: Report of the ISPOR Task Force for Translation and Cultural Adaptation. *Value in Health*, 8(2), 94-104.

Electronic Supplement Material: French version of the EMPATHIC-65 questionnaire

Madame, Monsieur,

A travers de ce questionnaire, nous aimerions savoir comment vous avez vécu l'hospitalisation de votre enfant au sein du service *[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]*.

Nous commencerons par vous poser quelques questions générales sur votre enfant et vous-mêmes. Celles-ci seront suivies d'énoncés au sujet de l'admission, du séjour, et de la sortie de notre service *[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]*. Si vous êtes d'accord avec l'énoncé, cochez l'une des cases situées à droite; si vous n'êtes pas d'accord, cochez l'une des cases situées à gauche.

Il se pourrait qu'un énoncé ne vous concerne pas. Dans ce cas, cochez la case située dans la colonne 'non applicable'.

Par exemple:

	Absolument PAS					Absolument OUI	Non applicable
On nous a servi un café tous les jours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nous avons toujours pu mettre nos affaires en lieu sûr	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Il y avait toujours de la place dans le parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A la dernière page, vous pourrez écrire vos idées pour l'amélioration de nos prestations et nous faire part de vos expériences.

Au nom de l'ensemble des infirmiers et des médecins du service *[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]*, nous vous remercions de votre coopération.

[Coordonnées de l'investigateur]

Partie 1. Questions générales

Qui va remplir ce questionnaire :	<input type="checkbox"/> La mère <input type="checkbox"/> Le père <input type="checkbox"/> La mère et le père ensemble <input type="checkbox"/> Autre:
Quel âge a votre enfant? ans ou mois ou jours
Combien de temps votre enfant a-t-il été hospitalisé dans le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> ? jours ou semaines
L'hospitalisation de votre enfant dans le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> était :	<input type="checkbox"/> Prévue <input type="checkbox"/> Non prévue, inattendue
Votre enfant a été hospitalisé dans le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> suite à une opération :	<input type="checkbox"/> Oui <input type="checkbox"/> Non
Votre enfant a-t-il eu besoin d'un appareil respiratoire ?	<input type="checkbox"/> Oui <input type="checkbox"/> Non
De quelle culture est votre famille ? (plusieurs réponses possibles)	<input type="checkbox"/> suisse <input type="checkbox"/> française <input type="checkbox"/> italienne <input type="checkbox"/> portugaise <input type="checkbox"/> albanaise <input type="checkbox"/> autre(s):

Partie 2. Vos expériences

ADMISSION								
	absolument PAS				absolument OUI		Non applicable	
Nous avons été bien préparés à l'hospitalisation de notre enfant dans le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> grâce aux:								
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A l'admission, les antécédents médicaux de notre enfant étaient connus par les:								
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous avons reçu des informations claires sur l'état de santé de notre enfant								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A l'admission, nous nous sommes sentis les bienvenus								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEJOUR								
	absolument PAS				absolument OUI		Non applicable	
Lorsque l'état de santé de notre enfant se détériorait, nous avons été informés immédiatement								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le médecin nous a clairement parlé des conséquences des traitements de notre enfant								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous avons reçu des informations claires sur les examens et les interventions								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous avons reçu des informations claires sur l'effet des médicaments								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Les médecins et les infirmières travaillaient étroitement ensemble								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEJOUR							
	absolument PAS			absolument OUI			Non applicable
L'équipe prêtait attention à la prévention et au traitement de la douleur de notre enfant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Les médecins et les infirmières sont de vrais professionnels, ils savent ce qu'ils font	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Les traitements médicamenteux adéquats ont toujours été donnés à temps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lors des situations d'urgence, il y avait toujours une infirmière qui nous accompagnait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'équipe s'est montrée attentionnée envers notre enfant et nous-mêmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'équipe travaillait à un objectif commun : donner les meilleurs soins et traitements à notre enfant et à nous-mêmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous avons participé aux prises de décision sur les soins et les traitements de notre enfant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On nous a encouragés à rester auprès de notre enfant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Même lors d'actes de soins intensifs, nous avons toujours pu rester auprès de notre enfant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Les heures de visite étaient flexibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'équipe travaillait de manière hygiénique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'équipe a respecté la vie privée de notre enfant et de nous-mêmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEJOUR							
	absolument PAS			absolument OUI			Non applicable
Le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> était propre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Il était facile de contacter le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> de pédiatrie par téléphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le bruit dans le service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> était atténué dans la mesure du possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Il y avait suffisamment d'espace autour du lit de notre enfant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'équipe travaillait de manière efficace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'ambiance au sein du personnel était agréable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L'équipe faisait preuve de respect envers notre enfant et nous-mêmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durant notre séjour, le personnel nous a régulièrement demandé nos impressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Les infirmières et les médecins se sont toujours présentés en donnant leur nom et leur fonction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malgré la charge de travail, une attention suffisante a été portée à notre enfant et à nous-mêmes par les:							
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEJOUR								
		absolument PAS			absolument OUI			Non applicable
Nous avons discuté quotidiennement des soins et du traitement de notre enfant avec les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Des réponses claires à nos questions ont été données par les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De l'attention a été portée au niveau de développement de notre enfant par les:								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Une réponse adéquate aux besoins de notre enfant a été donnée par les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Une réponse adéquate à nos propres besoins a été donnée par les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lorsque l'état de notre enfant se détériorait, des actions ont été immédiatement entreprises par les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Le confort de notre enfant a été bien pris en compte par les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous avons été bien soutenu émotionnellement par les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tous les jours, nous savions qui était responsable de notre enfant parmi les :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous faisons confiance aux :								
	• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durant le séjour de notre enfant, nous avons eu :								
	• Un médecin référent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Une infirmière référente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEJOUR								
		absolument PAS				absolument OUI		Non applicable
Du soutien et de la compréhension nous ont été donnés par les :								
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La santé de notre enfant a toujours été une priorité pour les :								
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SORTIE								
		absolument PAS				absolument OUI		Non applicable
Nous avons été bien préparés à la sortie de notre enfant par les :								
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nous avons discuté des soins notre enfant avant sa sortie avec les :								
• Médecins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infirmières	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La transmission des soins du service [de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale] aux unités de pédiatrie s'est bien passée :								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partie 3. Votre expérience générale

		absolument PAS			absolument OUI			Non applicable			
Nous recommanderions ce service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> à toute personne se retrouvant dans une situation similaire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Si nous devions nous retrouver dans la même situation, nous aimerions revenir dans ce service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Quelle note donneriez-vous à notre prestation générale?											
Très mauvaise		Excellente									
		1	2	3	4	5	6	7	8	9	10
Infirmières		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Médecins		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		absolument PAS			absolument OUI			Non applicable			
Nous recommanderions ce service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i> à toute personne se retrouvant dans une situation similaire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Si nous devions nous retrouver dans la même situation, nous aimerions revenir dans ce service <i>[de soins intensifs médico-chirurgicaux de pédiatrie] [de réanimation pédiatrique médico-chirurgicale]</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quelle note donneriez-vous à notre prestation générale?											
Très mauvaise		Excellente									
		1	2	3	4	5	6	7	8	9	10
Infirmières		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Médecins		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p align="center">Nous aimerions connaître vos expériences. N'hésitez à écrire votre vécu dans les cases ci-dessous.</p>
<p>La manière dont vous avez vécu l'ADMISSION</p>
<p>La manière dont vous avez vécu le SEJOUR</p>
<p>La manière dont vous avez vécu la SORTIE</p>
<p>Vos impressions générales</p>

(Si besoin, merci de vous servir du verso de cette page)

**Merci de déposer le questionnaire dans la boîte aux lettres située *[au desk des soins intensifs de pédiatrie]*
[chez l'hôtesse du service de réanimation pédiatrique].**

Toute l'équipe du service *[des soins intensifs de pédiatrie]* *[de réanimation pédiatrique]* vous remercie pour votre généreuse coopération.